from the Govemment of Chhattisgarh, the State Govemment has taken cognizance of the News Reports captioned "3,000 Child Marriages in Chhattisgarh" published in "The Hindu' dated 24.04.2002. The Collector of Kawardha District has sent a list of 182 suspected child marriage cases to the Superintendent of Police for investigation. Further, the district administration has also taken a number of steps to prevent incidence of child marriages and generate social awareness amongst the people on this issue. These include distribution of pamphlets and posters, meeting community leaders, involvement of local Sarpanch and Gram Panchayat Bodies and Gram Sabhas to generate public opinion against child marriage. The district administration field functionaries have also been instructed to be vigilant. According to the State Govemment the question of taking action against the Collector for the alleged failure to prevent child marriages does not arise in this context.

(c) The Govemment of Chhattisgarh has planned to launch a full scale social awareness campaign against the evil of child marriages in the State. Adequate social and legal me: sures will also be taken to curb this evil practice, which includes taking pro-active help of people's representatives.

VLPT / HPT TV towers in **Himachal Pradesh**

†*673. SHRl ANIL SHARMA: Wiil the Minister of INFORMATION AND BROADCASTING be pleased to state:

(a) the number and the locations of the VLPT / HPT TV towers to be installed by Govemment in Himachal Pradesh in the financial year 2002-2003;

(b) the amount to be spent on each TV tower by Govemment; and

(c) whether Govemment would consider to convert the VLPT of Shimla into HPT so that the programmes of Doordarshan can be viewed without any disturbance?

THE MINISTER OF INFORMATION AND BROADCASTING (SHRIMATI SUSHMA SWARAJ): (a) and (b)Three Very Low PowerTransmitters (VLPTs), one each at Jatingri, Kaja and Chirgaon in Himachal Pradesh are expected to be installed during 2002-2003. Approved capital cost of these VLPT projects is as under:

(i) VLPT, Jatingri—Rs. 83 lakh

†Original notice of the question was received in Hindi.

(ii) VLPT, Kaja—Rs. 83 lakh

(iii) VLPT, Chirgaon—Rs. 81.6 lakh

(c)TwoHPTs(DDl &DD 2) are already functioning in Shimla. At present, there is no approved scheme to upgrade the existing VLPT in Shimla district to HPT.

Incentives under New Population Policy

*674. PROF. M. M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Govemment propose to provide some incentives to the people under the New Population Policy for controlling the population of the country;

(b) if so, the details thereof and if not, the reasons therefor, and

(c) the details of achievements made, so far, in controlling the country's population?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The National Population Policy 2000 (NPP 2000) affirms the commitment of Govemment towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services.

In the past, projects and programmes in the population sector were primarily concerned with increasing numbers and all interventions were designed as centrally administered, method specific and target based, such that these interventions would somehow control the ever growing numbers. During that phase, programmes and interventions focused primarily upon sterilization and on achieving the targets. This was a rigid, inflexible agenda. Health service providers were using incentives and disincentives to comply with and to achieve these targets prescribed.

Over the past seven years there has been a complete change of focus in respect of these interventions, projects and programmes design for the population sector. The word "control" is seen as incorrect in the context of population. Instead, the focus is now on "development", on enabling and empowering women, and is moving towards a multi-sectoral agenda necessarily inclusive of several non-health determinants *viz.,* sanitation, safe drinking water,